## REST AVAILABLE COPY FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. IND. DEP. \* - ( TOTAL TOTAL \_1 TOTAL DEP. TOTAL CLAIMS TOTAL DEP. \*\*\*\* TOTAL 32. . 794 X \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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